

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 05/02/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/03/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	8755	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	402	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	9159	9159	0
		8952	2	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404904	WESTERN HIGHLAN DS LME	8599	3134	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	1045	DUPLICATE OF CLAIM-SYSTEM	605	6377	15314	8937
		11	784	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8505	6291	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	495	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	6793	6812	19
		8517	5	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404912	CATAMBA COUNTYM ENTAL HEALT	8505	100	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	9	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	113	114	1
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	11	4588	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		191	2167	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	1331	11766	16448	4682
		8529	1046	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404916	CROSSROADS BEHA VIOAL HEAL	191	60	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8599	55	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	178	1499	1321
		8505	33	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404917	CENTERPOINT HUM AN SERVICES	8505	1368	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	88	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	18	1632	2208	576
		11	81	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	920	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	22	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	949	952	3
		11	7	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404919	GUILFORD CO MEN TAL HEALTNC	8505	2174	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	126	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	43	2413	5488	3075
		8931	26	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASHEL L AREA MHI D	8505	1089	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	378	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	2334	3177	843
		191	171	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404921	ORANGE PERSON C HATHAM AREA	8505	5364	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	261	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	26	6378	7621	1243
		5312	260	PRIOR AUTHORIZED DOLLARS EXCEE DED				
3404922	THE DURHAM CENT ER	11	102	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	80	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	188	196	8
		24	3	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404923	VGFW AREA AUTHO RITY	8505	51	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	164	1337	1173
		120	21	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8505	549	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	185	DETAIL NOT COVERED BY COMBINAT	133	1379	2957	1578
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8952	170	CLAIM DENIED DUE TO AGE RESTRI				
				CTIONS FOR TARGET POPULATION				
3404926	SOUTHEASTERN RE	8505	6670	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
		8800	51	FURTHER PROCESSING NECESSARY,	31	6919	8514	1595
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		143	46	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404927	CUMBERLAND CO M	8505	549	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8800	170	FURTHER PROCESSING NECESSARY,	13	870	1599	729
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	83	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404929	LEE BARNETT MH/	11	25	CLIENT NOT ELIGIBLE ON SERVICE				
	DD/SAS			DATE				
		21	13	DUPLICATE OF CLAIM-SYSTEM	0	60	319	259
		8599	7	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	0	0	*** NO DATA TO REPORT ***				
	MNVL WLTHC							
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC	86	1251	ADJUSTMENT OF CLAIM-SYSTEM				
	BILLING OF							
		8599	675	DETAIL NOT COVERED BY COMBINAT	158	4065	11630	7564
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	528	DUPLICATE OF CLAIM-SYSTEM				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	8599	287	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	194	60 RESIDENTIAL LEVEL III TREAT	51	709	5528	4817
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8000	62	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				

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3404934	ONSLOW COUNTY B BEHAVIORAL H	8800	172	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	152	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	2	521	1258	737
		8599	125	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	1315	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	64	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	18	1447	1773	326
		21	41	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGEcombe NASH MNTL HLTH C	8505	505	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	117	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	636	1520	884
		21	9	DUPLICATE OF CLAIM-SYSTEM				
3404938	VGFW DBA RIVERS TONE COUNSE	8599	37	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		24	22	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	0	84	849	765
		8622	15	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, RA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404939	NEUSE MENTAL HE ALTH CENTER	8505	796	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	366	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1191	1197	6
		11	25	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404941	PITT CO MR/DD/S AS CENTER	8599	1286	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	145	CLIENT NOT ELIGIBLE ON SERVICE DATE	43	1715	3920	2205
		8329	58	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404942	ROANOKE CHOWANH UMAN SERVIC	8931	8	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	11	23	596	573
		21	4	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
3404943	ALBEMARLE MENTAL HEALTH CE	8505	210	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		8800	55	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	59	464	2316
							1443
		11	41	CLIENT NOT ELIGIBLE ON SERVICE DATE			
3404944	EASTPOINTE HUMAN SERVICES	8505	2007	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		8800	54	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	14	2114	2225
							111
		11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE			
3404946	FOOTHILLS AREA MENTAL HEALTH	11	409	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8952	9	CLAIM DENIED DUE TO AGE RESTRICTIONS FOR TARGET POPULATION	1	424	604
							180
		191	4	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME			
3404957	TIDEWATER MENTAL HEALTH CTR	8599	84	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		537	29	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE	51	213	2717
							2504
		8931	27	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.			
3404979	NEW RIVER AREA MENTAL HEALTH PRO	8505	7429	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		8800	808	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	8249	8473
							224
		8599	5	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			